

ICER

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■ ICER-- Sponsoring Excellence in Research Via:

- **Clinical Research:**
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Research in Primary Care
- **Epidemiologic Research:**
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Biostatistics
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■ Introducing:

The Institute for Clinical and Epidemiologic Research

by Eugene Oddone, Chief, HSR&D Service

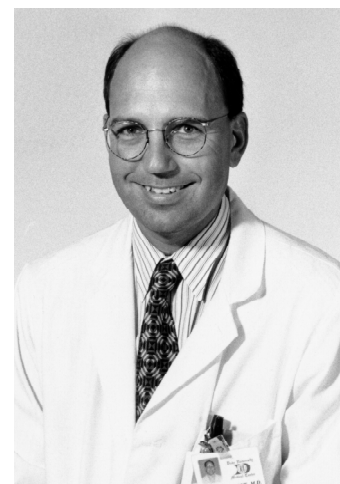
This publication marks the inaugural issue of the *ICER Update*, which will be the quarterly newsletter for Durham HSR&D Service's Institute for Clinical and Epidemiologic Research. Our reorganization at the Durham VAMC pairs the Center for Health Services Research in Primary Care (CHSRPC) with the new Epidemiologic Research and Information Center (ERIC) directed by Dr. Ronnie Horner. The *ICER Update* presents work cutting across both Centers and provides other information relevant to the objectives of the Durham HSR&D Service as a whole.

The organizational shift will focus research objectives common to both entities, in three broad areas: biostatistical support, training activities, and quality enhancement. With the assistance of Dr. Lauren McIntyre, we restructured our previously disparate biostatistical data analysis efforts in the two Centers to one, focused, Institute Program for Biostatistics. Under our new paradigm for biostatistics, we retain Dr. McIntyre as Ph.D. biostatistician in health services research, while we recruit for a second Ph.D. biostatistician with expertise in issues relevant to epidemi-

ology. The Ph.D. biostatistician(s) provide expertise and oversight, as needed, to a Core Data Unit of four M.S.-level biostatisticians who are assigned work effort across the spectrum of programs contained within the various Centers comprising our new Institute. Key efficiencies of the Core Data Unit include enhanced project flexibility and standardization of activities. When all key elements are in place, we will be able to minimize the time from study completion to impact statements and manuscript preparation.

Recruitment and training of

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Eugene Oddone, M.D., M.H.Sc.
ICER Director

Doctor-Patient Communication, Patient Preferences

In an era of managed care and cost constraints, it is crucial to understand how patients and physicians deal with various resource limitations. Managed care systems potentially pose many challenges to health care providers confronted by patients expecting certain health care services. Most patients visit the doctor with specific expectations and desires, ranging from desires for information or psychosocial support to desires for specific tests and treatments. Understanding their expectations and desires is important because identifying, negotiating, and fulfilling them is associated with increased patient satisfaction, and it is used as one measure of quality of care. Patients' expectations may also influence health care utilization and costs. Providers who successfully negotiate patient expectations may satisfy more patients and decrease unnecessary utilization. In managed care, pressures to contain such utilization are greater than in traditional settings. Therefore, the VA will benefit greatly by having physicians trained to successfully address patient expectations within the realities of constrained budgets. Dr. James Tulsky has initiated a study intended to address these issues, and it is the largest and most extensive study ever conducted of provider-patient communication in the VA health care system. Moreover, it is the first study of patient expectations and requests that focuses on issues specific to managed care. It will explore the complex dynamics of patient expecta-

tions, satisfaction and provider-patient communication. Because these three factors are so likely to be interdependent, it is critical to study them together.

Specific aims are to:

- Describe the nature of patients' expectations for care
- Determine the relation between demography, unmet expectations, and patient satisfaction
- Describe the range of reasons cited for not having met patient expectations
- Characterize the negotiations between providers and patients regarding care options
- Describe the relation between provider communication style and unmet patient expectations
- Identify communication strategies that maximize patient satisfaction when their requests for specific care are denied.

As recent changes in the VA health care system parallel the rise in managed care throughout the U.S., this project will provide valuable information to the VHA. Managed care practices that are rapidly being incorporated into the VHA include pharmacy formularies, pre-approval for specialist referrals, the use of primary care providers as "gatekeepers," the development of active utilization review, and an emphasis on evidence-based clinical practice. Concurrently, the VHA is placing greater emphasis on patient satisfaction as an indicator of quality.

Faced with these competing forces, VA providers can be expected to struggle with satisfying patients by meeting their expectations, yet practicing within the financial limitations of the system.

The data that emerge from Dr. Tulsky's study will help the VA health care providers better negotiate patients' expectations and desires in these changing times. Successfully negotiating these expectations will help providers respond to the needs of veterans and ensure the competitiveness of the VA health care system in the larger health care marketplace. Findings of this study will also help the development of educational interventions to improve providers' skills in negotiating patient expectations and requests that can be disseminated throughout the VA.



James Tulsky, M.D.

Effect of Diabetes Screening Examined

Diabetes is the ninth-leading diagnosis at admission to VA hospitals. Estimates indicate that more than 18 percent of primary care patients at VAMCs have diabetes. In the general population as well as in the VA, over 90 percent of diabetics are noninsulin-dependent, but half of these cases are undiagnosed. Among veterans with noninsulin-dependent diabetes, up to 500,000 use the VA. The progression of noninsulin diabetes is generally gradual, and the average time from onset to diagnosis is ten years. Screening/surveillance is now recommended practice for high-risk populations in hopes of delaying the microvascular complications of the disease, even though the effects of early diagnosis on patients' outcome and quality of life are unknown. Moreover, there is debate over the diagnostic cutpoint for the predominant screening test currently in use

(HbA1c level), as well as uncertain cost impacts of early screening.

To address these concerns, ICER researchers David Edelman, M.D., and Eugene Oddone, M.D., are commencing an observational study of veterans aged 45 to 64 that will provide VA policymakers the following information:

- Among veterans between 45 and 64 years old, the actual prevalence of undiagnosed diabetes as well as the annual incidence of new cases
- Health-related quality-of-life comparisons between newly-diagnosed- vs. at-risk veterans, at baseline and over three years of follow-up
- Health-related quality-of-life changes among veterans at disease onset vs. veterans at risk who don't develop diabetes
- HbA1c changes after surveillance based diagnosis
- Direct utilization-related cost calculations, from the VA perspective, of veterans diagnosed early compared with veterans screened disease-free.

The descriptive information to be derived from this study will be critical to VAMC budgeting decisions. Estimating the incidence and prevalence of diabetes allows the VA to anticipate possible changes in the profile of illness in its population. From a market share perspective, it is important for the VA to identify the

medical and utilization characteristics of its eligible nonusers. Most important, if the VA is to consider a mass screening program, it will be vital to understand the short-term changes in quality of life, cost, and utilization associated with such a venture.

This project will also provide insight into several generalized problems, including the short-term consequences of screening for diabetes. Other health care systems may use this study as a model for internal studies to determine the short-term cost effectiveness in their populations of mass screening for diabetes. Measurement of the change in HbA1c in screened patients will identify whether or not usual practice improves glycemic control in patients diagnosed early in the course of their disease. This information will enable health care systems to determine if mass screening must be coupled with efforts to improve usual care for diabetic patients.



David Edelman, M.D.



Amy Harris, Project Coordinator

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post-doctoral fellows will also benefit from the alliance of effort that Dr. Horner and I are promoting through the Institute. For example, fellows will have accessibility to mentors across Centers, and they will benefit from the data management and data archiving efforts of the Institute on behalf of its Centers.

The third major emphasis of the Institute is incorporation of an administrative and research structure for the Quality Enhancement Research Initiative (QUERI) that allows Durham to begin design of several projects within the QUERI model addressing cerebrovascular disease. Dr. Horner and I have pooled available expertise within Durham VAMC, and we will also work with other programs in West Haven, CT; Denver, CO; Loma Linda, CA; and Bedford, MA. As one project under the Stroke QUERI, we are targeting efforts that work to enhance the access of veterans to the Anticoagulation Clinic. The clinic offers services most optimal for reducing the risk of stroke in patients with atrial fibrillation. In a second area of interest, we are working to define the process and outcome of post-stroke rehabilitation, particularly as it applies to stroke patients who are discharged to rehabilitation nursing home units. Thirdly, we are exploring specific models of process and outcomes for patients undergoing carotid endarterectomy. We are very excited about the potential interaction between our Institute and other VA researchers, as well as other experts from Patient Care Services, in delivering this new mission for the VA. QUERI represents true research at the interface where research, patient care, and policy interact in cooperation to deliver the highest quality of care for veterans across the VA.

Finally, of course, our theme of alliance and cooperation will carry forward to the 1999 Health Services

Research Annual Meeting, which the Durham Service will host next February in Washington, DC. Our chosen theme for the meeting is *Health Services Research at the Interface*. The broad vision of health services research is one that projects toward collaboration, or an interface with, epidemiology, basic science research, health policy and management, academics, and private sector. As

hosts of the Annual Meeting, we at Durham will select work ongoing in the VA that illustrates our theme. Further elaboration on our plans for the meeting are forthcoming in the instructions for submitting abstracts and other workshops. Electronic submission of abstracts will be encouraged using our Internet site at:

<http://hsrd.durham.med.va.gov>.

■ Publication Highlights

“Benefits and Drawbacks to Hormone Replacement Therapy Among Nursing Home Patients,” by Hayden Bosworth, Ph.D.; Lori Bastian, M.D., M.P.H.; and Ilene Siegler, Ph.D., M.P.H. This article presents the baseline results from a project aimed at understanding the perceptions of consultant pharmacists toward more widespread use of HRT in long-term facilities. [*Women's Health Issues*, January/February 1998]

“Health-Related Quality of Life After Ileoanal Pull-Through: Evaluation and Assessment of New Health Status Measures,” by Dawn Provenzale, M.D., et al. HRQL after proctocolectomy is a critical parameter for management decisions in patients with chronic pancolitis. This study evaluates the HRQL of patients with ileoanal pull-through and validates new, easy-to-administer HRQL measures. [*Gastroenterology*, 113 (1) 1997]

■ New Projects (since July 1997)

Center for Health Services Research in Primary Care

Race, Patient Preferences, and Stroke Risk Reduction
Processes, Structures, and Outcomes of Post-Stroke Rehabilitation Care
Negotiating Patient Expectations in a Managed Care Environment
Defining the Attributes of the Quality of Dying
Informal Caregivers of Veterans with Dementia: Cost, QOL, and Service Use
Educational Efforts to Reduce Cultural Variation in Cardiac Procedure Use

Epidemiologic Research and Information Center

Screening for Diabetes Mellitus in Veterans
HIV Seroprevalence & Risks in Veterans with Severe Mental Illness
Colorectal Cancer Risk Factors for Advanced Disease
Prostate Cancer Case-Control Study: Black Vs. White; VA Vs. Private Sector
Case Control Study of Prostate Cancer in Black and White U.S. Veterans

Quality Enhancement Research Initiatives

Quality of Care Issues in Stroke